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YOUR BABY

A SERIES OF ARTICLES
PREPARED BY THE

United States Public Health Service

WASHINGTON, D. C.

(Slightly modified to suit tropical conditions on the Isthmus of Panama.)



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TITLES OF ARTICLES.

1. Expecting a Little Arrival?
2. Motherhood.
3. Register Baby's Birth.
4. What to Observe in a Baby.
5. How to Handle a Baby.
6. Development of a Baby.
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1. EXPECTING A LITTLE ARRIVAL?

Each year nearly a quarter of a million babies die in the United States, a large number of which would now be alive if they had had proper care. An even larger proportion of infants die in Panama. This tragic waste of life can be very greatly reduced if mothers will acquaint themselves with the important facts of Baby Care.

A baby is such a precious thing that no mother wilfully neglects it. Not neglect, but ignorance, is what kills most of these helpless little ones.

Uncle Sam and Panama do not want to lose any of their infant citizens and, through the U. S. Public Health Service, are now trying to teach mothers how to care for their babies. A series of articles on the care of babies is being published in the leading newspapers throughout the United States. Arrangements were also made by the Chief Health Officer of The Panama Canal with the *Star & Herald* to publish this series of instructive articles, constituting, when completed, an entire course on baby hygiene and care of the child up to 6 or 7 years old. Mothers are urged to read these articles and keep them for future reference. The information has been prepared by physicians who have made the welfare of the child a life study.

2. MOTHERHOOD.

Each year 100,000 babies die in the United States in the first month of life, most of them because of conditions affecting the mother before the baby was born. By giving proper care and attention to mothers before the baby is born, thousands of baby lives can be saved.

THOUSANDS OF MOTHERS LOSE THEIR LIVES NEEDLESSLY.

But mothers should have better care for another important reason. In the United States at least 15,000 mothers die in childbirth each year; that is, one mother in every 150 cases of childbirth. Over half of them lose their lives from preventable conditions. What can we do to stop this awful sacrifice?

SAFEGUARDING THE HEALTH OF EXPECTANT MOTHERS.

Every expectant mother should early place herself under the care of a good physician or a well-conducted obstetrical clinic.

If the expected baby is her first, the physical examination which the doctor makes should include measurements of the pelvis. An examination of the blood by means of the Wassermann test shows that about one mother in every 10 should undergo thorough medical treatment in order to insure a healthy baby. Repeated examinations of the urine are essential for the detection of conditions whose early treatment may save the mother's life.

Before the baby is born the mother should safeguard her health in every way. She should be as far as possible relieved of worry, have plenty of fresh air, good, wholesome food, and sufficient recreation, rest, and sleep. The bowels should move once a day. Constipation, which is often troublesome during the later months of pregnancy, should preferably be controlled by regulating the diet, but if that does not suffice some simple laxative prescribed by the doctor should be taken. The clothing should be loose, though corsets may be worn during the earlier months.

During the last months of pregnancy, the expectant mother should see her physician or send him a specimen of her urine every two weeks. She must drink sufficient liquid to insure the passage of at least three pints of urine each 24 hours. Persistent or sudden and severe headaches, swelling of the face or hands, or increasing swelling of the ankles must be reported at once to the physician in charge. The appearance of a bloody discharge also demands instant summoning of the physician.

A number of patent medicines have been widely advertised to make childbirth safe, easy, and painless. They are all frauds. Instead of wasting money on them, expectant mothers should seek a doctor's advice.

THE GREAT EVENT.

At no time in her life does a woman require better care and attention than during childbirth. A competent doctor, or, if such is not available, a properly supervised and licensed midwife should attend. The patient's room should be large, clean, and light, and the necessary maternity outfit should be conveniently at hand.

The following list represents a useful outfit:

- 1 pound absorbent cotton.
- 5 yards sterile gauze.
- 1 envelope of sterile umbilical tape.
- 1 dozen sterile sanitary napkins.
- 1 tube vaseline.
- 4 ounces powdered boracic acid.

- 1 dozen bird's-eye diapers.
- 1 flannel band, 5 inches wide, 1 yard long.
- 1 cake castile soap.
- 1 dozen small safety pins.
- 2 dozen large safety pins.
- 1 new douche bag, 2-quart.
- 1 eye dropper.
- 1 douche pan.
- 1½ yards rubber nursery sheeting.

AFTER BABY COMES.

The mother should rest in bed for at least a week after baby is born and for several weeks more should not do really heavy work. Various forms of serious female troubles are due to a failure to follow this advice.

The mother's food should be plentiful, wholesome, and nutritious, for, of course, baby must be nursed at the breast. The mother should drink plenty of milk, but much tea and coffee are injurious.

Almost all mothers can breast-feed their babies.

If the flow of milk is scanty the mother should—

- (a) Drink plenty of liquids, especially milk.
- (b) Not do heavy work.
- (c) Get sufficient rest and sleep.
- (d) Take an outdoor airing every day.
- (e) Avoid constipation.
- (f) Put baby to nurse regularly.

In order to train the child and to keep herself well and strong, the mother should systematize baby's daily life, the nursing times, bath, sleep and outdoor periods. If the baby is often fretful the mother should seek the doctor's advice. Under no circumstances should she give soothing sirups or other patent medicines recommended by the neighbors.

3. REGISTER BABY'S BIRTH.

Twenty-five new babies for every 1,000 people is what the stork may be expected to bring to this country this year. Perhaps a little arrival is expected in your home in the near future; perhaps he came a few weeks ago. In either case, just a reminder of an important duty you owe the little one—make sure that his birth is properly recorded with the authorities. Ask the doctor if he

registered your baby. Here are some of the reasons why births should be recorded:

1. To establish identity.
2. To prove nationality.
3. To prove legitimacy.
4. To show when the child has the right to enter school.
5. To show when the child has the right to seek employment under the child-labor law.
6. To establish the right of inheritance to property.
7. To establish liability to military duty, as well as exemption therefrom.
8. To establish the right to vote.
9. To qualify to hold title to, and to buy or sell real estate.
10. To establish the right to hold public office.
11. To prove the age at which the marriage contract may be entered into.
12. To make possible statistical studies of health conditions.

Fill out this memorandum and preserve it for your baby. It may save him much time, money and inconvenience.

Baby's name
 Date of birth: Day.....Month.....Year.....
 Sex..... If twin or triplet give number in order of birth
 Birthplace..... Birth registration number.....
 Father's name..... Birthplace.....
 Mother's maiden name..... Birthplace.....
 Attending physician
 Address

4. WHAT TO OBSERVE IN A BABY.

Babies can not talk, but they have a sign language.

By crying and by movements they can explain a great many things.

WELL BABY.

A normal, healthy child gains regularly in weight, has a warm moist skin, breathes quietly, eats heartily, sleeps peacefully, has one or two regular bowel movements daily and cries only when he is hungry, uncomfortable, ill, or indulging in a fit of temper.

Posture when sleeping: Quiet, limbs relaxed, sleep peaceful, no tossing about.

Facial expression: Calm and peaceful. If baby is suffering pain, the features will contract from time to time and the fists will be clenched tightly.

Breathing: Regular, easy and quiet. However, during the first weeks of life breathing may be irregular in perfectly normal babies. This should excite no alarm unless associated with other abnormal conditions, such as hot skin and flushed face.

Baby should breathe through the nose and keep the mouth closed. Mouth breathing or habitual holding the mouth open usually indicate enlarged tonsils or adenoids or some other obstruction to the breathing which needs the attention of a physician.

Skin: Warm, slightly moist and a healthy pink color. The skin should be soft and smooth to the touch and the underlying muscles firm. Flabby muscles usually indicate something wrong with the feeding.

Crying: Babies need a certain amount of crying to develop their lungs. When children cry for everything they want, it is the result of faulty training. If baby is cross or fretful and cries a great deal of the time, it does not mean necessarily that he is ill, but there is something wrong with him. Learn what he is trying to tell you by crying.

Hunger cry: A low, whimpering cry sometimes accompanied by sucking the fingers or the lips. If the meal is not forthcoming it may change to a lusty scream. Babies are as likely to cry from indigestion caused by overfeeding as from hunger.

Fretful crying: The baby is sleepy or uncomfortable. He may be too warm or tired of being laid in one position. A tepid sponge bath and gentle rub or a change of clothing and taking him out will prove very restful and comforting. If the crying continues, consult the doctor. The child may be ill.

Cry of colic or pain: A lusty cry sometimes rising to a shriek, with tears in the eyes. In colic or abdominal pain, the knees are drawn up and the fists are clenched. A tight fist is usually an indication of pain. If the crying increases with moving of an arm or leg or when placing the child in a certain position, he may have a broken bone or other damage calling for the attention of a doctor.

Sick cry: The very sick baby does not cry hard. There is a low moaning or a wail, with sometimes a turning of the head from side to side.

SICK BABY.

Learn to recognize any change from the normal. Unusual flushing or pallor of the face, sleeplessness, lack of energy, loss of appetite, profuse sweating, especially of the head, peevishness, vomiting or diarrhea, give warning that something is wrong. Find out what and why.

5. HOW TO HANDLE A BABY.

A baby must always be handled carefully. His bones are still part cartilage and they bend and break easily. Other bad effects of too much or careless handling are sore and painful muscles which make a baby cross. Handling after eating upsets the digestion. Jolting, bouncing, and rocking make a child excitable and nervous.

A young baby can not turn himself over. His muscles get very tired if they remain too long in one position. When he is taken up for feeding or cleansing, his position should be changed from side to side, or from lying on back to lying on his stomach. But always the head and back must be kept straight and the arms and legs free. The ears should be kept straight and flat on the head. The eyes should be protected from direct light.

To hold a young baby on one arm lay him flat on his back on your left arm, supporting the neck and head with the palm of the hand and fingers, and pressing his body close to your body with the left elbow. Never throw a baby over the shoulder.

A baby should not be encouraged to try to hold up his own head until he is 4 months old or to sit up until he is 6 months old. The spine, neck, and head always should be supported. Never pick a child up by the arms. Grasp him firmly by the shoulders or body.

In walking with an older child do not walk too fast nor compel him to reach up to take your hand. It is very tiring to walk in that position.

6. DEVELOPMENT OF A BABY.

At birth, a baby's head is larger in proportion to his body than is an adult's. The abdomen is big. The arms and legs are short and the legs are slightly bowed.

Soon after birth, a baby develops sense of contact and temperature, that is, he knows when he is being held and he can appreciate heat or cold. He learns to see light and to hear during the first three or four days.

The first month the hands move aimlessly about. During the second month, he learns to put his hand to his mouth and tries to lift his head.

During the third and fourth months, a baby will make an effort to grasp what is held before him and will try to sit up. He should not be allowed to do so unless he is supported. About this time

he begins to recognize others and develops a will of his own, which is expressed in crying when he is displeased. He will coo when he is happy.

About the sixth month a baby can sit alone for a few minutes. He will grasp and hold whatever comes within reach of his busy fingers. He now begins to be sociable and will try to talk, sometimes making vowel sounds.

From the seventh to the ninth month, he will creep and will make efforts to stand. He likes to imitate movements and to have sympathy and attention shown him.

From the ninth month to the twelfth month, he learns to stand and from the twelfth to the sixteenth month learns to walk. He develops a sense of desire to please and this leads to obedience. Sometimes at the twelfth month he can say a few words.

A baby has no moral sense or knowledge of what is right or wrong. He simply follows his instincts. An older person must keep him from harm and show him gently how to do the right things until he learns for himself.

As improper feeding is one of the chief causes of a child's failing to develop properly, too close attention can not be paid to the right feeding of a young baby.

7. WEIGH YOUR BABY.

The loss of a pound or two of weight makes very little difference to the adult, but it is a serious matter for a young baby. A pound or two loss means as much to the baby as 10 or 15 pounds does to the adult, for it is 10 per cent or more of his total body weight.

If a baby fails to gain in weight for several weeks, or loses a pound or two, it becomes noticeable. But the average daily gain in weight for the first year is so small that it can not be detected without weighing.

When a baby fails to gain the required number of ounces for even one week, it means that there is something wrong with him or the food. *Whatever it is, it should be remedied at once.* To delay until baby has lost weight for several weeks, or until the loss of weight reaches a pound or two always lessens the baby's chances of prompt recovery.

It is very much easier to keep a young baby well and gaining steadily, than it is to have him regain lost weight, or to get him well again once he has become ill. For these reasons a mother

should weigh the young baby each week until he is 9 months old and after that at least every 2 weeks until he is 1 year old. From infancy until he enters school the child should be weighed at least once a month.

The average baby weighs a little over 7 pounds at birth. He doubles his weight at 6 months, weighing ordinarily 14 pounds. He triples it at one year, weighing about 21 pounds. It is because of his rapid growth that a baby must have the right kind of food and spend most of his time sleeping.

The following table of weights and measures represents the average baby. A baby may weigh more or less and still be entirely normal.

The regular increase of weight is of more importance than conforming to a table.

End of 1 week normal baby should weigh	7 lbs.
End of 2 weeks normal baby should weigh	7 lbs. 6 ozs.
End of 3 weeks normal baby should weigh	7 lbs. 14 ozs.
End of 4 weeks normal baby should weigh	8 lbs. 6 ozs.
End of 5 weeks normal baby should weigh	8 lbs. to 8 lbs. 14 ozs.
End of 6 weeks normal baby should weigh	9 lbs. to 9 lbs. 6 ozs.
End of 7 weeks normal baby should weigh	9 lbs. 8 ozs. to 9 lbs. 14 ozs.
End of 8 weeks normal baby should weigh	9 lbs. 14 ozs. to 10 lbs.
End of 9 weeks normal baby should weigh	10 lbs. to 10 lbs. 8 ozs.
End of 10 weeks normal baby should weigh	10 lbs. 6 ozs. to 10 lbs. 14 ozs.
End of 11 weeks normal baby should weigh	10 lbs. 10 ozs. to 11 lbs. 4 ozs.
End of 12 weeks normal baby should weigh	11 lbs. to 12 lbs.

After the twelfth week the baby should gain on an average of 4 ounces a week.

8. BABY'S DAILY PROGRAM.

A delicate piece of machinery must have regular, systematic care, if it is to remain in order and do its work properly. Just so with a baby. His body is one of the most sensitive pieces of mechanism known and regular systematic care is necessary if he is to grow and develop properly.

A baby must not only have the right kind of meals, but they must be *on time* and at the *same time every day*.

The baby's bath, outing, play time, nap, going to stool, in fact everything that is necessary to a baby's care should be done with the *same care, precision, and regularity* that is used in caring for any fine machine.

Regularity in baby's care will establish good habits. Good habits are something which will be a benefit to him through life. The first years of a child's life are, for these reasons, the most important. If he has the right sort of care *then* and is trained in the right sort of habits from the very first day of his life he will grow and develop properly. He will be a happy baby and, therefore, a good baby, for he hasn't any reason to be otherwise.

On the other hand, careless and irregular feeding, keeping baby awake at all hours, waking him to show to the neighbors, taking him out to walk when he ought to be in bed, will make a baby unhappy and cross.

A child who has been trained to habits of regularity, to obedience and self-control, is much easier taken care of when ill, and these habits assist in the recovery.

SAMPLE PROGRAM FOR EVERY DAY.

6 a. m.: Baby's first nursing. Family breakfast; children off to school.

9 a. m.: Baby's bath, followed by second nursing. Baby sleeps until noon.

12 noon: Baby's noon meal. Out-of-door airing and nap.

3 p. m.: Afternoon nursing. Period of waking.

6 p. m.: Baby's supper and bed.

10 to 12 p. m.: Baby's night meal.

9. BREAST FEEDING.

MOTHER'S MILK.

Mother's milk is the best and cheapest food for the baby. It will make the baby strong and healthy. Mother's milk is always ready and it never sours. It does not have to be prepared or measured. It is practically always safe. Mother's milk contains the proper elements of food in the right proportion for the growing child.

The baby will have the best chance of living if he is breast-fed. Ten bottle-fed babies die to one that is fed at the breast. It is seldom that breast-fed babies have bowel trouble, which is so fatal in bottle-fed babies, especially during hot weather.

RULES FOR NURSING.

The newborn baby is put to the breast when he is 5 or 6 hours old. During the first 24 hours he should nurse not more than

4 times, but at both breasts each time. A new-born baby may be given plain cool boiled water at regular intervals between nursing. Do not give him any kind of tea, or other mixture.

Beginning with the second day, baby should nurse every $2\frac{1}{2}$ to 3 hours. On the 3-hour schedule he nurses at 6, 9, and 12 a. m. until 4 months old. Alternate each breast or let him take both breasts at each time, according to his appetite and the amount of milk. In the event the milk is delayed longer than the third day, baby should be fed from the bottle at 3-hour intervals; but he should be put to the breast regularly in order to stimulate the flow of milk.

The average healthy baby, until it is 4 months old, nurses every 3 hours. When he is 6 months old, nurse every 4 hours, usually giving both breasts each time. This makes 5 nursings in 24 hours, 4 during the day and 1 at night, as follows: 6 a. m., 10 a. m., 2 p. m., 6 p. m., and 10 p. m.

It is necessary to follow regular hours for nursing. If baby is fed every time he cries, his digestion soon will be upset. If he cries between feedings, give him plain, cooled boiled water. Babies are as likely to cry from overfeeding as from hunger. (If the breast milk seems insufficient for your baby do not give up nursing him, but after each feeding give him what he wants of properly modified milk. Every breast feeding and every ounce of breast milk is just that much gained for your baby.)

10. THE NURSING MOTHER.

The mother who loves her baby nurses it. There are very few mothers whose breasts will not give sufficient milk if they will encourage the baby to suck and thus keep the milk flowing.

Sometimes when the mother suffers from weariness or from feeble health or worry, the milk supply will not be sufficient for the baby. The mother may conclude that the baby will starve and give up nursing it. This is a great mistake, for modified cow's milk may be added to the breast supply. As the mother obtains rest she will grow stronger and will find the milk coming in sufficient quantity.

The nursing mother needs plenty of fresh air and some exercise each day in the open air, preferably walking or light gardening. The ordinary household duties may be performed, but the nursing mother must not be overworked. She should take a nap each afternoon, or at least lie down and rest in a cool room.

The nursing mother can not afford to have a "spell of nerves." Anger, worry, grief, excitement, all interfere with the nervous system and its control of the circulation of the blood, which affects the supply and the quality of the milk. The nursing mother needs to keep herself well. So long as she is well the baby probably will be well.

It will help the mother to lie down to nurse her baby. In this way she can gain 15 minutes' rest every 3 hours. Both mother and baby will be better for it.

DIET.

The diet for a nursing mother needs to be appetizing, nutritious, and laxative. As a rule, she may follow her choice of food, avoiding foods which she has learned disturb her digestion, as these will disturb the baby.

If the milk is scanty, a more generous diet is indicated. She should take more fresh milk, eggs, fresh vegetables, ripe fruit, nourishing liquid food and drink plenty of water, avoiding tea and coffee and all alcoholic preparations or patent medicines.

Constipation should be guarded against. Fresh fruits are laxative. So are bran biscuits or bran added to the whole wheat flour. Whole wheat bread is more nourishing than white bread and does not constipate. A glass of hot water the first thing on rising in the morning has a beneficial action on the bowels.

The following diet is recommended for mothers:

All kinds of soups.

All kinds of fresh fish, boiled or broiled.

Meats (once a day): Beef, mutton, lamb, veal, ham, bacon, chicken or turkey.

Eggs: Freely, one or two each day.

All cooked cereals with milk and cream and sugar.

All dry breads, avoiding fresh bread and rich cake.

All green vegetables: Peas, string beans, asparagus, cauliflower, spinach, white and sweet potatoes, celery, lettuce and other plain salads with oil.

Desserts of plain custard or pudding, ice cream; no pastry.

Fruits should be taken freely; all ripe, raw, and cooked fruits.

Drinks: Milk, buttermilk, cocoa, and plenty of water, one or two quarts daily; tea and coffee sparingly, and not strong, once a day. No beer or other alcoholic drinks.

II. WEANING.

A baby should not be fed at the breast after 1 year. At that age he needs a more solid food to make him grow strong.

A baby should be weaned gradually, and the cow's milk at first should be only half the strength of the formula used for a normal child of the same age. Then the milk should be gradually increased in strength.

Weaning may usually begin at about the ninth month, by giving baby one feeding of cow's milk, using two parts milk to one part water. If he digests this well, the amount of water can be decreased gradually until at 10 or 11 months he may be taking whole milk. The number of milk feedings can be slowly increased as the breast feedings are decreased, until at 1 year of age the baby is entirely weaned. A baby weaned at 9 or 10 months may be taught to take milk from a cup.

Increase in the baby's diet must be made with caution. It is better to keep the baby on a low diet than to upset his digestion by overfeeding.

Infants should be weaned when the mothers are suffering from a disease which they might transmit to the child, such as typhoid fever and tuberculosis; or if the mother is suffering from some disease which might be aggravated by nursing, such as Bright's disease, tuberculosis, and acute pneumonia. The infant should likewise be weaned if the mother becomes pregnant, or if she is suffering from inflammation of the breast.

12. BOTTLE FEEDING.

Feeding a baby on the bottle is a difficult thing to do successfully. If it is not done properly the baby will get sick, and may lose its life.

As a baby grows older and gets heavier, he requires additional food. Nature provides these changes in mother's milk without anyone having to worry about it. But when the baby is fed on a bottle, these changes must be made every few weeks. For that reason, feeding a baby on a bottle needs to be under the supervision of a physician. Babies who are fed on a bottle, too, are more liable to have indigestion and diarrhea, so that the bottle-fed baby usually needs to be seen frequently by the doctor.

The baby will need to be milk-fed at least until it is a year old, so it saves time and money to obtain the proper equipment in the

beginning. Select good quality white granite ware for the utensils for preparing baby's milk, and never use them for any other purpose. They must be kept always scrupulously clean, and scalded each time before using.

The following are essential:

EQUIPMENT.

- 1 large pan with inverted pie pan in the bottom for pasteurizing.
- 1 two-quart granite saucepan with handle, or pitcher.
- 1 tablespoon.
- 1 pint measure.
- 7 bottles; corks and nipples for each bottle.
- 1 wire rack for holding bottles.
- 1 bottle brush.
- 1 fruit jar for lime water or barley water, as ordered by the physician.
- 1 jar for malt sugar, milk sugar, or cane sugar as ordered by the physician.
- 1 box of baking soda or borax.

BOTTLES.

Select bottles with smooth, round sides and marked for the different quantities of food. There should be as many bottles as there are feedings in 24 hours. The bottle should be cleaned immediately after feeding by rinsing in clear water, then by soaking in suds, borax or soap water. Bottles should be scrubbed with a clean brush in warm soapsuds and rinsed with boiling water. (Then they should be filled with boiled water until ready for use.) The corks should be scalded each day and kept in a tightly covered receptacle.

NIPPLES.

Use only noncollapsible nipples that can be slipped over the neck of the bottle. After each feeding, cleanse the nipple inside and outside, scrubbing it with a brush in warm soapy water. Wrap the nipples in a clean cloth and boil them once a day. Drop them into a scalded jelly glass and put the lid on tight. Never touch with your fingers that part of the nipple which must go into the baby's mouth. The hole in the nipple should be only large enough to allow the drops to fall about one and one-half inches apart when the bottle is inverted.

FEEDING.

Feed the baby by the clock. When it is feeding time, shake the bottle gently to mix the contents and place it in a pan of hot water to warm it. Test the temperature by letting a few drops fall on the inside of the wrist.

GIVING THE BOTTLE.

The bottle should always be held while the child is taking the food. The baby should be lying down while feeding. Do not allow him to drink longer than 20 minutes. Do not urge him to take more than he wants. If he does not take the whole feeding, throw out that remaining in the bottle. *Do not save it for another time.*

A child should not be played with after feeding. He should not be allowed to suck on an empty bottle; or allowed to sleep or play with the nipple in his mouth.

After feeding, the child should be placed upright and patted gently to allow him to bring up gas or air which he has swallowed. He should then be placed in the bed, but not rocked.

13. GENERAL RULES FOR FEEDING BOTTLE BABIES.

The average weight of a baby at birth is 7 pounds. During the first week after birth there is usually no gain in weight, and there may be a slight loss. At the end of 2 weeks, the average baby should weigh 7 pounds and 6 ounces, and should gain 8 ounces a week for the next 2 weeks so that when 1 month old he weighs 8 pounds and 6 ounces. For the first 2 months, a normal infant gains from 6 to 8 ounces a week. For the third month he gains from 4 to 6 ounces a week and thereafter from 3 to 4 ounces weekly.

This regular increase in weight, as determined by the weekly weighing is the indication that baby's food is not only agreeing with him and satisfying his hunger, but that it is also meeting his growth requirements.

General formulas must of necessity be written for the average baby, and may not be entirely satisfactory for *your* baby. If your baby does not gain properly and remain well, take it to your doctor who may make the necessary change. Take this booklet along with you so the doctor may know what and how you have been feeding.

A newborn baby needs very little food for the first day or two. The first feedings should be made of 1 ounce of milk to 2 or 3 ounces of water and no sugar. No food or substance other than cool boiled water should be given except by the direction of the physician.

After the first day, a weak baby is fed at 2-hour intervals during the day and twice during the night, at 10 p. m. and 2 a. m. A strong baby may be fed at 3-hour intervals during the day with two feedings at night.

At 1 week the average child requires 15 ounces of diluted milk daily. To 5 ounces of milk add 10 ounces of water and $1\frac{1}{2}$ tablespoonfuls of milk sugar. Malt sugar, one-half to one teaspoonful, may be added to each feeding bottle instead of using milk sugar as stated. This total quantity is given in 7 feedings at 3-hour intervals during the day and 2 feedings at night.

At 3 months the child will require about 32 ounces of diluted milk daily. To 16 ounces of milk add 16 ounces of water and 3 level tablespoonfuls of milk sugar. Malt sugar may be used in the proportion 1 teaspoonful to each feeding bottle instead of milk sugar. This is given in 6 feedings at 3-hour intervals during the day and 1 feeding at night about 10 p. m. The 2 a. m. feeding is discontinued at the third or fourth month.

At 6 months the average baby will require 36 ounces of diluted milk. To 24 ounces of milk add 12 ounces of water or barley water and 3 even tablespoonfuls of milk sugar. This is given in 5 feedings during the day, the night feeding being discontinued.

At 9 months the average child requires 40 ounces daily. To 30 ounces of milk add 10 ounces of water or barley water and 3 even tablespoonfuls of sugar. This is given in 5 feedings.

DRINKING WATER.

Boil a pint of water every morning and put it in a clean bottle. Keep in a cool place. Offer the baby plenty of water between feedings, beginning with one-half ounce twice a day during the first few days after birth. The quantity should be gradually increased until the infant is taking from 5 to 6 ounces of water daily.

It must be remembered that the infant can not ask for water and that he is apt to become thirsty often in this warm climate.

BARLEY WATER.

After baby is 6 months old, barley water may be used to dilute milk instead of plain water. Add one-half level tablespoonful of

barley flour to 1 pint of water and cook for 20 minutes. As it boils, keep adding enough water to make 1 pint; strain and cool; or $1\frac{1}{2}$ level tablespoonfuls of barley may be used, cooked in 8 ounces of water.

ORANGE JUICE.

Not later than 1 month after being put on the bottle, or at any time from 3 months of age up, the infant should be given orange juice, beginning with 1 tablespoonful mixed with an equal quantity of cooled boiled water and gradually increasing the quantity to 2 to 3 tablespoonfuls. The best time to give orange juice is just before the bath in the morning. Strained tomato juice may be given in like proportion when oranges are not available. The use of these juices will prevent scurvy.

OTHER FOODS.

At 6 months the baby is beginning to be able to digest starch; therefore at this time small amounts of barley or oatmeal water may be given once a day, preferably in the morning.

When the teeth begin to appear, a cracker or a piece of zwieback may be allowed. In addition to this a little cereal jelly without sugar may be given once a day, preferably in the morning.

At 9 months a baby may be given a half cup of plain bouillon, or beef or chicken broth, or vegetable soup once daily. He should have a small piece of crisp toast, zwieback, or crust of bread on which to chew immediately after each feeding.

14. BABY'S MILK.

During the early months of infancy the baby's diet should consist wholly of milk. Since there is no perfect substitute for mother's milk, a mother should always try to nurse her baby. The best known substitute for mother's milk is cow's milk which contains practically all the food elements necessary for growth.

PATENT FOODS

There are many patent foods offered for sale, but as a rule they are expensive and have a tendency to make fat babies rather than strong babies. While they may be used for a short time, no baby should be fed on them exclusively.

CONDENSED MILK.

Condensed milk is not the same as fresh milk, and its continued use for a baby is likely to cause indigestion and a disease known as rickets. It is lacking in some of the necessary food elements, and is therefore undesirable as a permanent food for children. Condensed milk is not cheaper than fresh cow's milk although it may appear to cost less, yet owing to the limited supply of fresh milk in Panama it may occasionally become absolutely necessary to resort to its use, therefore in a later article we shall describe the best method of feeding the baby on condensed milk.

POWDERED MILK.

When fresh cow's milk may not be obtained, or when it is necessary to travel with a baby, powdered milk (whole milk containing $3\frac{1}{2}$ per cent of butter fat) may be used as a substitute.

FRESH MILK.

Nature never intended milk to be handled. It passes directly from the mother to the mouth of the young, both in human beings and animals. This is a wise precaution because milk is easily spoiled, especially if small particles of dirt or dust get into it, and it is a fertile field for the growth of disease-producing germs.

Milk for babies should be obtained from healthy cows. It should be milked by a clean milkman into clean sterilized pails, promptly cooled to about 50° F. and kept at about this temperature until ready for use. Never give a baby old or stale milk.

Milk delivered in cans is not safe for babies because there are too many opportunities for dirt and impurities to get into it. When milk is delivered to the home, the bottle should be put immediately in a cool place. Never allow milk to stand in the hot sun or the warm kitchen, or remain in an uncovered vessel where flies may get into it. Before using a bottle of milk, wipe the cap carefully with a clean, damp cloth.

PASTEURIZED MILK.

It is best to pasteurize milk intended for the baby. A simple plan is to proceed as follows: Place the bottle on an inverted pie pan up to the neck in a pan of water. Put a thermometer in the water and heat until the water is 150° F. Remove the pan from the hot fire and keep the temperature of the water between

140 and 150 degrees for 30 minutes, then cool rapidly. A milk thermometer is expensive, but it is safer to use one than to experiment with the baby's milk. However, even without a thermometer, good results may be obtained by carefully heating the water to the boiling point. Take it off the fire. Set the bottle of milk in this water, gently shaking the bottle at several intervals, and let it remain for 30 minutes. Cool the milk quickly and place on ice until it is needed.

BOILED MILK.

A simple method of making milk safe for a baby under 1 year of age is to boil it. Put the milk into a pan and heat it until small bubbles begin to appear on the surface. Remove from the fire and cool quickly.

When a baby finds fresh cow's milk indigestible, the digestibility of the milk sometimes may be improved by boiling the milk for 3 minutes. Then remove from the fire and cool quickly.

A baby taking boiled milk should always be given orange or strained tomato juice, according to his age and digestion.

15. MODIFICATION OF MILK.

A young baby can not readily digest plain cow's milk so the milk must be modified according to the age and size of the baby and its powers of digestion. "Modified Milk" is milk to which water, sugar, or other substances have been added so as to make it suitable for a baby's stomach.

Cooled boiled water, barley or lime water are added to dilute cow's milk and make it more digestible. Sugar is added, not for the sweetening, but to supply the necessary food value and to make it more nearly like mother's milk.

The prescription which the physician writes for modifying milk is called the formula. As baby grows older he requires a greater quantity of food so the formula must be changed, using more milk and less water. It is on the correctness of these formulas that baby's health and growth depend.

MATERIALS.

Milk: Fresh whole cow's milk.

Sugar: Malt sugar preferred, or milk sugar or cane sugar.

Water: Cooled boiled water.

Ordinarily, the milk may be *increased* by one-half ounce every 8 days. The water may be *decreased* by one-half ounce every 8 days. The sugar may be *increased* by 1 level teaspoonful every other day until 1 ounce (8 teaspoonfuls) is given in the 24-hour quantity. At the beginning of the second month, the sugar is again increased by 1 level teaspoonful every other day until $1\frac{1}{2}$ ounces are given.

PREPARATION.

Sample formula for a 6-month old baby.

Milk, 24 ounces.

Water, 12 ounces.

Malt sugar, or milk sugar, 3 level tablespoonfuls.

Five feedings during the day at 4-hour intervals. Pasteurize in bottles.

Wash hands clean with soap water and brush.

Scald utensils and place them conveniently on the table.

Wipe the top of the milk bottle with damp cloth to remove particles of dust.

Invert bottle several times to mix cream.

Using nursing bottle or graduate to measure quantities, mix the materials thoroughly in a pitcher or pan.

Pour 7 ounces of the mixture into each of five bottles and lightly close the bottles with a plug of absorbent cotton.

Place bottles on inverted pan in kettle of water and pasteurize.

Cool bottles rapidly and put on ice.

USE OF CONDENSED MILKS, ANCON HOSPITAL FORMULA.

As stated in a previous article, fresh milk is preferable, but as in Panama the available supply of fresh milk is often limited and sometimes unobtainable, the use of evaporated whole milk and of sweetened condensed milk is recommended. It is safe, does not deteriorate so readily as fresh milk, and can be used and is especially preferable when a supply of ice is unobtainable.

Practically all of the different brands of canned milk contain the same percentage of milk content and are safe for infant feeding.

On opening the can see that the product is sweet, smooth, and uniform throughout, normal in color and odor. If the product is off-color (usually brown), or is lumpy, or contains curds, or has an abnormal odor or taste, the can should be discarded, and another opened.

Always taste the milk when the can is opened, and again after the formula is made and ready for the feeding. By using this precaution, the baby will not be given a feeding of sour milk.

For those who have no ice, the half-size tin should be purchased during the first 4 months as the milk from this size will be consumed before it sours. If no ice is available, the milk remaining in the can after being opened should be put in a cool place and covered with a clean piece of gauze or an inverted saucer.

The following formulas have been in successful use in Ancon Hospital for more than 10 years. They are easily prepared, safe, and usually agree with the infant.

ANCON HOSPITAL FORMULA—DIRECTIONS FOR FEEDING BOTTLE-FED INFANTS.

FORMULAS.					FEEDINGS.			
	Sweetened condensed milks.	Unsweetened, or evaporated milks.	The diluent boiled water, barley, or oatmeal water.	Amount.	Interval.	Number of feedings daily.	Diluent.	Extra.
	Ounce.	Ounce.	Ounce.	Ounce.	Hours.			
1 day (*)	1	3	60	4	2	3	Boiled water	1 to 2 teaspoonfuls of lime water. If constipation is present, 1 teaspoonful of milk of magnesia instead of lime water.
2 days						8	do	do
3 days	1	3	50	1	2	8	do	do
4 days	1	3	40	1	2	8	do	do
5 days	1	3	30	1	2	8 to 10	do	do
6 days	1	3	24	1	2	8 to 10	do	do
7 days	1	3	20	1½	2	8 to 10	do	do
1 to 4 weeks	1	3	16	2	2	8	do	do
1 to 3 months	1	3	16	3 to 4	2½	7 to 8	do	do
3 to 6 months	1	3	12	5 to 7	3	7	do	do
6 to 9 months	1	3	12	7 to 9	3½	6	Barley water	do
9 to 12 months	1	3	12	8 to 10	4	5	Barley water or oatmeal water.	do
12 to 15 months	1	3	12	8 to 10	4	5	do	do
15 to 18 months	1	3	12	8 to 10	5	4	do	do
18 to 24 months	1	1	2	8 to 10	5	4	do	do
								Light general diet.

* One day, ½-ounce of boiled water every 3 or 4 hours, 3 feedings daily.

10 to 15 drops of orange juice just before bath.
1 to 2 teaspoonfuls of orange juice just before bath.
2 to 4 teaspoonfuls of orange juice just before bath.
1 to 2 ounces of orange juice and 1 egg with toast or cracker and butter.
1 to 2 ounces of orange juice and 2 eggs with toast or cracker and butter.
Light general diet.

NOTES.

- (a) Always use boiling water in preparing the milk.
- (b) Enough can be prepared in the morning for the whole day's feedings, if enough feeding bottles are provided for the number of daily feedings, all filled when prepared, and corked with clean corks or sterile cotton plugs, kept on ice and warmed before feedings.
- (c) When not in use, keep the rubber nipples in a solution of boracic acid 10 grains to the ounce.
- (d) After use, thoroughly cleanse the bottles with cold water; before refilling, cleanse with boiling water.
- (e) Add a few grains of table salt to each feeding.
- (f) If vomiting occurs use a weaker formula.
- (g) Always add the lime water just before feeding.
- (h) If the baby is not doing well consult the doctor.

HOW TO PREPARE A DAY'S FEEDING OF 1-3-20.

Twelve ounces are necessary for the whole day. Take one-half an ounce of sweet condensed milk, add about 6 ounces of boiling water, dissolve thoroughly, then add $1\frac{1}{2}$ ounces of evaporated milk; mix and add enough boiling water to make 12 ounces. Pour $1\frac{1}{2}$ ounces in each of 8 feeding bottles, cork properly and, just before feeding, add 1 teaspoonful of lime water or milk of magnesia to each bottle.

HOW TO PREPARE 48 OUNCES OF 1-3-12 OR 6 FEEDINGS OF 8 OUNCES EACH.

The same as above, only use 3 ounces of sweet condensed milk, 9 ounces of evaporated milk, and 36 ounces of boiling water.

16. FEEDING THE BABY AFTER THE FIRST YEAR.

The change from the bottle or breast to table food must be made intelligently if the baby is to continue to grow properly.

No child 3 years of age or under should ever be fed at the family table, or permitted to have tastes of food other than that which is especially intended for him.

To try to feed a young baby at the family table while attempting to partake of a meal is not conducive to a mother's or father's digestion. It is also unfair to a young child to expect him to sit quietly through the time his elders take for their meal and not want the food he sees them eating.

A simple, safe, and satisfactory method of feeding a young child and a practical substitute for the always dangerous high chair is the separate small table and chair. Where the house-room space is limited, this small table may be fastened on hinges to the wall so it may be dropped out of the way when not in use.

While the mother is preparing the family meal, the baby may be served just what he ought to have at his own table. In this way, he does not see other foods and will not ask for them. When baby has finished his own meal, he will be content to play or sleep while the family enjoy theirs unhampered by his presence.

The small table is an excellent means of training in table manners. When the child has learned proper control of himself at the age of 4 or 5 years, the family will then enjoy his presence at their table.

DIET, 12 TO 18 MONTHS.

Four meals a day. Milk from the cup. No bottles, ordinarily, after the twelfth month. Water frequently between meals.

First meal, 6 a. m.:

- (1) Milk, 8 to 10 ounces, and thick barley water or oatmeal jelly, 2 ounces, *and*
- (2) The juice of one-half and later of one whole orange may be given at 9 a. m.

Second meal, 10 a. m.:

- (1) Milk with dry bread, toast, or zwieback, *or*
- (2) Well-cooked cereal—oatmeal, rolled oats, or cracked wheat with milk.

Third meal, 2 p. m.:

- (1) Chicken, beef, or mutton broth with boiled rice or dry bread or toast; *or*
- (2) Milk with zwieback toast or dry bread, *and*
- (3) Vegetables (thoroughly cooked and mashed through a sieve) peas, carrots, spinach, asparagus, or mashed baked potato.

Fourth meal, 6 p. m.:

- (1) Milk with dry bread, toast, or zwieback; *or*
- (2) Well-cooked cereal with milk.

DIET, 18 TO 24 MONTHS.

Three meals a day besides morning lunch. Give at least 4 glasses of milk a day. No food between meals. Water frequently between meals.

Breakfast, 7.30 a. m.:

- (1) Juice of whole sweet orange or pulp of four or five stewed prunes, *and*
- (2) Cereal, cooked at least 3 hours, with milk (if sweetened, use only one-half teaspoonful of sugar).

Morning lunch, 11 a. m.:

- (1) Glass of milk with dry bread, toast, or zwieback with butter; *or*
- (2) One or two graham crackers.

Dinner, 2 p. m.:

- (1) Cup of broth or soup made of beef, vegetables, or chicken or mutton and thickened with farina, peas, or rice; *or*
- (2) Beef juice, 2 ounces, or gravy on dry bread or toast, *or*
- (3) Soft-boiled or poached egg, *and*
- (4) Vegetables, same as from 12 to 18 months, beets, rutabaga turnips, and plain stewed tomatoes may be added, *and*
- (5) Glass of milk, *and*
- (6) Dessert: Apple sauce, baked apple, blanc mange, corn-starch, custard, junket, stewed prunes, or plain rice pudding.

Supper, 5.30 p. m.:

- (1) Well-cooked cereal, with milk, *and*
- (2) Glass of milk; *or*
- (3) Dry bread or toast and milk.

DIET, 2 TO 3 YEARS.

Three meals a day. No food between meals.

Breakfast, 7.30 a. m.:

- (1) Juice of one sweet orange or pulp of six stewed prunes, or stewed or baked apple, *and*
- (2) Well-cooked cereal with milk; *or*
- (3) Soft-boiled or poached egg with dry bread or toast, *and*
- (4) Glass of milk.

Dinner, 12 to 1 p. m.:

- (1) Broth or soup made of vegetables, chicken, beef, or mutton and thickened with peas or rice, *and*
- (2) White meat of chicken, lamb chop, rare roast beef or steak, or boiled fish, *and*

- (3) Vegetables, thoroughly cooked and mashed through a sieve, *and*
- (4) Glass of milk, with bread and butter, *and*
- (5) Dessert, simple desserts, same as 18 to 24 months.

Extra meal, 11 a. m. or 4 p. m.:

Glass of milk, or unsweetened cracker.

Supper, 5.30 p. m.:

- (1) Milk with dry bread or toast and butter; *or*
- (2) Cereal with milk and glass of milk.

DIET, 3 TO 6 YEARS.

Three meals a day at 7, 12.30, and 5.30. No food between meals. Water frequently.

Milk.—Should be the main article of diet.

Cereal.—Must be cooked 3 or more hours. Oatmeal should be given several times a week.

Bread.—Dry, zwieback and toast.

Soups.—Beef broth with vermicelli, beef tea, chicken broth with rice, milk soups and vegetable soups.

Meat.—Beef should generally be rare and should be given not more than once a day. Roast beef, lamb chops, broiled tenderloin, minced. White meat of chicken well-cooked and minced. Boiled or broiled fresh fish. Crisp bacon. Eggs, soft boiled or poached.

Vegetables.—All vegetables should be thoroughly cooked and mashed. Asparagus tips, string beans, carrots, tomatoes, stewed celery, steamed rice, puree of Bermuda onions stewed soft with milk, peas, baked or mashed potatoes, and spinach. Macaroni or spaghetti in milk may be added.

Desserts.—Sauce or baked apple, cup custard, junket, orange juice, stewed prunes, rice pudding, tapioca, jelly or sirup on bread. Young children are better off without candy, but one piece of strictly pure candy may be given a child of 3 after a meal. A ripe banana may be given occasionally.

FORBIDDEN FOODS.

Meats.—All fried meats, corned beef, dried beef, brains, kidney, liver, sweetbreads, duck, game, goose, ham, pork, sausage, meat stews, and dressings from roasted meats.

Vegetables.—Fried vegetables of all varieties. Cabbage, green corn, cucumbers, pickles, all raw articles such as raw celery, raw onions, and olives.

Bread and cake.—Griddle cakes, hot bread, rolls, sweet cakes, also bread or cake with dried fruits or sweet frosting.

Desserts.—Store candy, nuts, pastry, pie, preserves, salads, tarts.

17. TEETHING.

At birth, each tiny tooth lies partly embedded in a cavity in the jaw bone, surrounded with and covered by the soft tissues of the gum. As baby grows, the teeth grow also and if baby is healthy they are ready to cut through the gums at the sixth or seventh month.

Following is the normal time of teething:

LOWER JAW.

1. Middle cutting tooth, 6 to 9 months.
2. Next cutting tooth, 12 to 15 months.
3. Canine or "stomach," 18 to 24 months.
4. First molar (grinder), 12 to 15 months.
5. Second molar (grinder), 24 to 30 months.

UPPER JAW.

1. Middle cutting tooth, 8 to 12 months.
2. Next cutting tooth, 8 to 12 months.
3. Canine or "eye," 18 to 24 months.
4. First molar (grinder), 15 months.
5. Second molar (grinder), 24 to 30 months.

There are 20 of these first or milk teeth, 10 in each jaw. As a help in remembering the baby teeth, recall that there are as many teeth in the upper jaw as there are fingers on two hands; and that a baby has as many teeth on the lower jaw as he has toes.

The teeth appear in groups. The first to appear are the lower incisors or front teeth. Then the upper incisors appear. After that the canine teeth, then the first and then the second molars may be found.

The time of cutting teeth varies so in different children that it is difficult to lay down rules for their appearance. However, a child 1 year of age has as a rule 8 teeth; at 16 months there should be 12 teeth and at $2\frac{1}{2}$ years, the child should have the full 20. If the child has less than this number there may be something lacking in the diet.

Teething is a normal process and very seldom makes the baby ill. If baby is sick, or has fever or loose bowels, do not attribute it to teething but go to a doctor and find out what is the matter.

Sometimes the gums are swollen and red while baby is teething and no doubt he suffers a great deal of pain which makes him cross. In such cases, take him to the doctor to learn whether or not the gums should be lanced to give him relief.

Teething rings.—About the ninth month, the baby should have a dry crust of bread after each feeding, on which he can chew and develop his jaws. Do not give him a rubber ring or a patent article on which to bite and cut his teeth, for they are seldom clean. A clean, smooth, silver teaspoon makes a good toy and at the same time is safe for him to bite. Keep the fingers and any unclean article out of baby's mouth.

TOOTH BRUSH.

The health of the second teeth depends much upon the care given the first set. As soon as they make their appearance baby's teeth should be cleaned each day with a soft cloth or brush. When he is old enough, the child should be taught the daily use of the toothbrush. (If he is given a good tasting dentifrice or tooth paste he will enjoy keeping his teeth clean.)

The first teeth are necessary to hold the proper shape of the jaw until the second teeth are ready to break through. For that reason they should not be neglected. At the first sign of decaying teeth, the child should be taken to a dentist.

The first set of teeth is replaced by the permanent teeth beginning with the sixth year. The sixth-year molar may be recognized as the sixth tooth counting from the midline of the jaw in front toward the back. Because this tooth comes through at the time the child is losing its temporary teeth, this tooth is often mistaken for one of them and is allowed to remain untreated and to decay. It is especially desirable that a child should be taken to a dentist at this time because the 6-year molar is one of the most important of all the teeth.

It sometimes happens that the first teeth are so firm that they do not fall out, but remain in the jaws and crowd back the second teeth, making them come in misshapen and irregular. Irregular teeth and jaw may be remedied when a child is young.

Beautiful teeth are the right of every person. Sound teeth are necessary to good health.

18. SLEEP, PLAY, AND REST.

The child's body develops faster during the first year of his life than at any other period. For that reason a baby needs a large allowance of sleep, with the best sleeping accommodations, so that the hours of sleep may be of the greatest value to him.

Baby should sleep alone. Babies may be smothered to death while in bed with an older person, some part of whose body may be thrown across the baby's face while asleep. The young baby should sleep 18 or 20 hours out of the 24. He should have 16 hours' sleep daily from the age of 1 month to 1 year. From the first to the second year, he should sleep 12 hours. A baby should have the longest period of unbroken sleep at night and should not be permitted to turn night into day.

DAYTIME.

The daytime naps should be continued through the sixth year. The baby should never take a nap in all his clothes. The shoes of older children especially should be removed. In hot weather remove all but the shirt and the diaper from the baby.

The sleeping room should be darkened and well ventilated. The baby should be fed and made comfortable in every way, put in his crib and let alone to go to sleep. He should never be rocked to sleep nor jolted nor bounced.

OUT-OF-DOORS.

Out-of-door sleeping in summer, both by day and by night, is good for the baby after he is a month old. He must be protected from flies, mosquitoes, shielded from the wind and sun, and covered if there is a sudden drop in temperature. The sleeping porch must be protected properly by canvas curtains.

The baby must have an abundant supply of fresh air day and night. He should be kept out of doors as much as possible, avoiding the hot sun. In suitable weather, a newborn baby may be taken out of doors the first week. Begin with a daily outing of 15 minutes and gradually lengthen the time until the baby is out much of the day. He must be clothed properly according to the weather and his eyes protected from the sun. At all ages, the baby carriage must be one in which the child can lie comfortably at full length and stretch his arms and legs. When sitting up, his little spine and feet must be supported properly.

PLAYING.

A young baby needs rest and quiet. However strong he may be, too much playing is bad, as it is likely to result in a restless night.

Rocking the baby, jumping him up and down on the knees, tossing him, in constant motion is very bad for him. These things disturb baby's nerves and make him more and more dependent upon these attentions. When the young baby is awake, he should be taken up frequently and held quietly in the arms in various positions, so that no one set of muscles may become tired. An older child should be taught to sit on the floor or in his pen or crib and amuse himself during a part of his waking hours.

19. BABY'S ROOM.

If the house is small, it is better to do without parlor which is not often used and give one room to the little folks who will use it every day.

Sunshine is as necessary for babies as for plants. A baby not given sunshine will droop and pine just as the plant does. Therefore, choose a sunny room for the baby's room and one which has windows and doors on opposite sides so that a continual abundant supply of fresh air may be obtained.

The floor should be bare so that it can be kept clean by wiping it with a damp cloth or dust-mop. A few washable rugs may be added. Plain white sash-curtains should be provided at the windows, as they can be laundered frequently.

FRESH AIR.

Fresh air is essential for the healthy baby. To obtain the best air without drafts put baby's bed in the middle of the room. The windows may be opened from the top. They should be screened against flies and disease-carrying insects. Windows facing the hot sun should be provided with awnings. In the winter time, a plentiful supply of fresh air without drafts may be obtained by tacking thin muslin or cheesecloth over the open windows or on the window screen. This also keeps out particles of coal, soot, and dirt.

All the furnishings for the baby's room should be of the simplest kind, as such can be wiped readily with a damp cloth or laundered and so kept free from dust. The equipment may include a screen to protect baby from drafts, a low chair without arms for the mother, baby scales, bath tub, basket for toilet articles, and plain table. A chest of drawers or bureau is a welcome convenience.

BED.

Baby's first bed may be made in an ordinary clothes basket, lined with a sheet. This can be picked up and carried about easily, which is an advantage. It should be placed on a chair or a box, never on the floor.

A feather pillow is not suitable for a mattress or for the baby's head. Use an old, soft comforter or ordinary mattress of hair, felt, or cotton, protected by rubber sheeting, light oil cloth, or paper blanket. Since rubber or oil cloth is hard and uncomfortable, a soft washable pad should be used directly underneath the sheet. Table felting makes an excellent pad for this purpose.

The young baby will breathe more easily and take a larger supply of air into his lungs if no pillow is used. A clean, soft, folded napkin may be placed under his head. Toward the end of the second year, a thin hair pillow may be used.

BASKET.

The basket for the baby's toilet is best of white enamel. An ordinary wicker basket painted white is better than one lined with cotton or silk material and decorated with ribbon bows.

The supplies for this basket should be of the first quality. It is better to have a few good things than a lot of material which will not be used and of poor quality.

The basket should contain:

- Pure white castile soap,
- Unscented talcum powder,
- Olive oil or tube vaseline,
- Boric acid, powder and solution,
- Four dozen safety pins of different sizes.

20. BATHING THE BABY.

Baby must be bathed at least once a day. During the hot weather one or two extra sponge baths may be given. For the first few months the temperature of the bath should be 90° to 95° F. By the end of the first year, it may be lowered to 80 or 85 degrees. The temperature of baby's bath may be tested with the bare elbow, never with the hand. The water should feel comfortably warm to the elbow.

EQUIPMENT.

Baby's own tub, soap, towels, and washrag, bath thermometer, powder, chair, and table. All these and his full set of clean clothing should be arranged beforehand.

UNDRESSING.

To undress baby, take the clothes off over his feet. If held on the lap, a large bath towel should be placed across the lap to prevent his tender skin coming in contact with a rough or worsted dress, and to receive him when he is lifted out of the tub. A more convenient way of bathing the baby is to undress him on a table instead of the lap. After the bath dress him as rapidly as possible. If the weather is cool take care not to expose him unnecessarily.

FACE.

After undressing baby, wrap him in a small blanket, wash the face, head, and ears, being careful not to get soap into his eyes and mouth. Very little soap is needed for baby's skin. It is most important that the skin should be rinsed thoroughly. Pat the skin dry with a soft towel, taking care to dry well back of the ears and in the soft folds of the neck.

THE BATH.

Care should be taken never to plunge the baby into water that is too hot or too cold, nor to let him fall and strike the tub nor in any way to get frightened at his daily bath. If the bathing is done properly, baby will enjoy his bath so thoroughly that giving it will be a pleasure.

Soap the entire body thoroughly, then place him in the bath, holding him with the left forearm under the neck and shoulders, the left hand under his left arm, and lifting the feet and legs with the right hand. Sponge the entire body with the right hand, then lift the baby out and wrap him in a bath towel. Dry carefully with the soft towel, patting the skin gently. Never rub the baby's tender skin with anything less smooth than the palm of the hand.

BRAN BATHS.

When there is any irritation of the skin, such as chafing or prickly heat, bran may be substituted for soap. Make a cotton bag

of cheesecloth or other thin material, and fill loosely with bran. Soak the bag in the bath water, squeezing it until it becomes milky.

POWDER.

A little pure talcum powder may be used in the creases and folds of the skin, under the arms and around the buttocks, but it should not be used so freely as to clog the pores of the skin. A highly perfumed powder should not be used. Powder should never be applied until the skin is thoroughly dry.

21. BABY'S CLOTHING.

In dressing the baby, he should be handled as little as possible. A little baby's body is very tender and, if handled roughly or too much, he will be made very uncomfortable. All the clothing should be drawn on and off over the feet instead of over the head.

When he is dressed completely, baby has on a band, shirt, diaper, skirt, dress, and booties. None of this clothing should be heavy or stiff. It is better to dress a baby lightly and slip on a little short jacket for cool mornings and evenings. When baby is a few months old it is a good plan on a hot day to take off all his clothing for a few minutes in the middle of the day and allow him to roll and play on a bed.

Elaborate or fancy trimmed garments have no place in a little baby's wardrobe. Both mother and baby are better off without them, especially if the mother must care for the garments herself. Lace about the neck of a little baby's dress is liable to irritate the tender skin and cause the child a great deal of discomfort, as will starched garments. Sometimes these irritations are difficult to heal.

For the first few weeks of life, the new baby does little but eat, sleep, and grow. He needs many clean clothes, and these should be of the simplest and most comfortable kind. The following are all that are necessary:

Slips.—For every-day wear, there should be six plain white slips. These should be cut by the kimono sleeve pattern and a tape run through a facing around the neck and sleeves. If they are made 21 inches long from shoulder to hem, they will not need shortening. They should never be made longer than 27 inches. Two Sunday slips may be made with bishop sleeves and a little embroidery on the front. Set-in sleeves are more difficult to put

on a little baby. For wear under the slips, baby needs also four skirts, princess style. For hot weather these may be made of the very lightest weight flannel or part flannel and cotton.

Sleeping garments.—Baby needs four “nighties” or sleeping bags of white outing flannel or knitted material.

Sleeping bags are made 33 inches long and 27 inches wide, open down the front. The baby is laid in and the bag buttoned up. He can be changed without taking him out of the bag.

Bands.—Three flannel abdominal bands made of soft, white unhemmed flannel, 5 or 6 inches wide and from 14 to 18 inches long. They should be wide enough to protect the abdomen and not wide enough to wrinkle. They should go once-and-a-half around the baby’s abdomen, lap across the front and pin at the side. After the cord is healed, these may be replaced by three knitted abdominal bands with shoulder straps and a tab to pin to the diaper. These should be made the lower part of wool and the upper part of cotton. This kind of band will not slip up around the baby’s chest and make him uncomfortable. The band may be discarded altogether in hot weather.

Shirts.—Three shirts, wool and cotton, or wool and silk, never all wool. For the very hottest weather an all cotton or silk shirt may be worn. The shirts should be fitted smoothly. They may either lap or button in front.

Stockings.—Three pairs of booties. Three pairs of merino or cashmere stockings, if the weather is cold.

Diapers.—Four dozen diapers, 2 dozen 24-inch, 2 dozen 30-inch, are convenient. For the first few weeks, provided it is not hot weather, diapers 18 inches square of old, soft knitted wear are very convenient. A piece of old sheeting, 10 inches square, may be put inside.

When diapers are removed, they should be put into a covered pail of cold water to which borax has been added. Later they should be washed clean with a pure soap, boiled, rinsed thoroughly, but not blued, and hung in the sun to dry. Soap and bluing are very irritating to a baby’s skin. They should be folded, pressed with a hot iron, unless thoroughly dry, and put away. A soiled or wet diaper should *never be used a second time without washing*. The urine contains substances which are very irritating to the skin of a baby and he may be made very sore.

For cool days a silk or cotton knitted or crocheted hood of an open lace pattern and lined with the very thinnest white silk is comfortable. Wash hoods may be made of soft white embroidered

lawn and laundered without starch. The ties on the hood should be such as can be laundered easily. A little chin strap fastened at one side of the hood with a snap or hook and eye is very convenient and does away with the bow under the baby's chin.

IN THE TROPICS.

In the tropics very light clothing is required; in fact, there is no excuse for woolen garments for babies. They usually cause skin irritation in the form of prickly heat or urticaria and excessive perspiration.

The abdominal binders should be made of light cotton cloth, such as flannelette, which is smooth and adjustable.

Undershirts of knit cotton or silk, or mixture of both (light).

The baby requires only one light dress for comfort. A coat or jacket can be put on over the slip should a change in temperature demand it.

22. HABITS AND TRAINING.

Habits are the result of doing the same things a great many times. If a small action is repeated often enough, the person does it without thinking, and it becomes a habit. If the habit continues for a long time, it may become very difficult to break.

It is best that a baby should have only good habits. Sometimes he learns or someone teaches him a bad habit. These bad habits should be corrected as soon as possible, or before they become difficult to correct.

PACIFIERS.

One of the bad habits which is taught the baby is that of sucking a "pacifier" or other object. The baby does not teach himself this disgusting practice, and he should not have to suffer for it. The pacifier never is really clean and may carry germs of disease to the baby's mouth. All pacifiers should be destroyed immediately and no such object ever should be put into the baby's mouth under any circumstances.

The baby may teach himself to suck his thumb and fingers. Continual sucking of the thumb, like sucking a pacifier, will spoil the natural beauty of the mouth by causing protruding of the upper jaw and teeth. It also causes a constant flow of saliva and spoils the child's appearance.

To cure the thumb-sucking, fasten a wooden tongue depressor (obtained at a drug store) or small piece of wood padded with cloth

or cotton on the inside of the elbow over the sleeve. This will prevent the child from bending his arm to get his hand in his mouth. An aluminum mitten to prevent thumb-sucking, has been designed which may be purchased at most drug stores. The use of this causes no discomfort and is preferable to other methods. This treatment should be continued day and night until the habit is entirely cured.

CONTROL OF BLADDER AND STOOL.

Some babies may be taught to control the bladder and stool during the day by the end of the first year. To do this, it is necessary to put the child on the chamber at regular intervals and immediately after each meal, and on going to bed and rising.

BED WETTING.

To punish a child for persistent bed wetting is cruel and it is worse than useless. A child should not wet the bed after 1 year of age. If he does, a physician should be consulted. Many a young person has had his childhood spoiled by this disorder, which, if not cured while he is young, may persist even to his old age.

To cure bed wetting, first ask a physician to make a thorough examination of the genitals and the urine to determine whether there is some condition which needs to be corrected; also to examine for adenoids, enlarged tonsils, decayed teeth or other source of nerve irritation. Any physical defects discovered should be corrected.

Limit the liquids taken at the last meal at night. Take away the pillow and raise the foot of the child's bed several inches. Provide an alarm clock and set it twice each night, once at about 10 p. m. and again at about 2 a. m. Require the child to get up and empty the bladder. This treatment should be continued every night for a month or longer until the habit of voluntary control is substituted for the involuntary action.

MASTURBATION.

Most children will occasionally handle or play with the genitals. They never should be shamed for doing this, but should be told that it is wrong and then given a toy or game so as to turn their thoughts to other matters.

The genitals always should be kept clean and free from soil or discharge. Drawers or diapers should be loose fitting and clothing should not be permitted to rub or chafe.

CRYING.

A child may be taught to cry when he is only a few days old. He likes to be held and rocked. When he is put down he cries and so he is taken up and carried. He soon learns that if he will only cry hard enough someone will come and get him.

A child needs a short period of crying every day to develop his lungs, but the habit of crying to be rocked, or whenever denied anything, should be corrected promptly. A baby can be broken successfully of this habit by letting him cry it out. Once or twice will suffice.

LEARNING TO WALK.

The average child begins to want to stand at about the tenth month and to walk from the twelfth to the fourteenth. Earlier efforts at standing and walking should not be encouraged. A child never should be urged to stand and walk, especially if he is heavy. He will want to stand and walk of his own accord as soon as the little legs are strong enough to bear his weight.

LEARNING TO TALK.

A child learns to talk by hearing older people and other children speaking. At first, speech to him is but a jumble of sounds as a foreign language is to us. Later, he begins to learn that certain sounds mean certain people or things or movements.

It is very necessary that he should hear these words and sounds correctly spoken and that when he begins to talk he should hear correct English. Do not use the so-called "baby-talk" in speaking to a child. Otherwise he will learn it and other improper methods of speech, only to have to unlearn them later with much effort.

TOYS.

Since a baby wants to put everything in his mouth, his toys must be those that can be used safely in this way. They should be washable and should have no sharp points or corners to hurt the eyes. Painted articles, or hairy and woolly toys, also toys having loose parts such as balls or objects small enough to be swallowed are unsafe and should never be given a small child.

A baby should never have too many toys at one time. A handful of clothespins, or a silver teaspoon or tincup, will please just as much as an expensive doll or other toy. It is a good plan to have a box or basket in which to keep empty spools and other household objects with which the baby may play.

MORAL TRAINING.

A little child does not know right from wrong until he is taught by older persons. He follows his own fancy and lets his little hands and feet do mischief, not knowing that he is doing anything which will cause others or himself to come to grief. For this reason, older persons must be ready to guide the baby and teach him the right method of behavior.

But that does not mean that he should be forbidden continually to do this or that or the other. A child should have, from his very early infancy, the opportunity of choosing to do things himself. If he is not allowed to do this, he won't know how to reason and choose for himself when he grows older and is obliged to do it.

On the other hand, it is necessary for a child to learn obedience, and a wise mother will train her child to obey; not, however, to obey a command "because I told you to do it," but to obey because it is a pleasure to do so.

Harsh treatment or punishment has no place in the proper upbringing of the baby. If a baby's inclinations lead him in the wrong direction, some one must be at hand to guide him into another and better one and to turn his eager interest and his energy toward something that will amuse but not harm him. This is the golden rule for the training of babies and one which applies to the training of children of all ages.

Usually there is some reason for the naughtiness of babies. The babies who are fussy, restless, and fretful are usually either uncomfortable in some way because they have not been fed properly and taken care of, are sick or ailing, or have been indulged too much. On the other hand, babies who are fed properly, who are kept clean and have plenty of sleep and fresh air, and who have been trained in regular habits of life have no cause for being "bad" and therefore are "good."

23. KEEP THE BABY WELL.

To keep a baby well is much easier than to cure him when he becomes sick.

In a room crowded with strange people, there always is likely to be someone who is suffering from a catching disease, or who may have come from a home where such a disease is present. For that reason, a little baby should be kept away from crowds and from crowded places in order to protect him from exposure to disease.

Most healthy grown persons carry disease germs in their mouths. They do an adult no harm. But in kissing a baby on the mouth, these germs may be transferred to the baby's tender mouth and make him ill or even kill him. Kissing the baby on the mouth, even by his own mother, should not be permitted.

A *little cold* in a big person is likely to mean a *big cold* in a little baby. Any one suffering from a cold, cough, or sore throat should remain away from a young child. If the nursing mother catches a cold, she should spray her nose and throat with an antiseptic solution and take every precaution against infecting her little one.

Whooping cough is another very dangerous disease for young children. Each year 10,000 or more young children die of this disease, the greater number of them being babies under 3 years of age. If the whooping cough does not kill, the long period of coughing, lasting sometimes for months, makes the child so weak and ill that he takes other diseases more readily.

TUBERCULOSIS.

All children are extremely susceptible to tuberculosis. To children under 3 years of age it is especially fatal. Few infants survive when suckled by tuberculous mothers. Breathing or coughing in the baby's face, kissing the baby, and the use of the same eating utensils are some of the commoner methods of infection. Children born of tuberculous parents should be carefully guarded against infection and, if possible, should be removed from such opportunity of contact.

Other dangerous diseases for young children are measles, diphtheria, and scarlet fever. Often they leave children suffering from sore eyes, running ears, or other permanent injuries; *and always the younger the child the greater the chances he will die.*

To keep a baby well give him regular systematic care; keep him away from crowds and away from sick people and every possible exposure to sickness or disease

24. THE SICK BABY.

The baby is sick if he has:

No appetite.

Vomiting.

Diarrhea; or more than 3 movements a day; or if the movements are slimy, frothy, bloody, or contain particles of undigested food.

Constipation: Less than one good movement a day.

Fever.

Rash.

Signs of a cold, sore throat, cough, or discharges from the eyes and nose.

Sweating of the head, especially if accompanied by restlessness and crying at night.

Loss of weight or failure to gain properly.

What to do for any sick baby:

Give him an abundance of fresh air.

Undress him and put him quietly to bed.

Sponge with tepid water if he is feverish.

Give little or no food but plenty of pure cool water.

Send for the doctor. If the baby is sick enough to need medicine, he is sick enough to have a doctor give it.

25. FIRST AID AND HOME REMEDIES.

FIRST-AID CABINET.

A properly equipped first-aid cabinet is a necessity in every home, and imperative where there are small children. First-aid remedies should be placed in a small cabinet out of reach of children's fingers. Supplies should be replaced as often as necessary.

The following list will contain everything that is needed for ordinary emergencies:

2-ounce bottle each of glycerine, and tincture green soap.

1-ounce bottle each of tincture of iodine, peppermint, glycerine with phenol (5 per cent) and soda-mint tablets.

1 tube each of zinc ointment and vaseline.

$\frac{1}{2}$ pint each of olive oil, milk of magnesia, and mineral oil.

1 medicine dropper.

1 clinical thermometer.

1 nasal and throat spray.

1 hot water bag.

1 fountain syringe with rectal tip.

1 bulb syringe.

1 small size roll surgeons' adhesive plaster.

1 small size package sterilized gauze.

1 small size package sterilized absorbent cotton.

$\frac{1}{2}$ dozen assorted sizes sterilized bandages.

1 card safety pins.

- 1 package of needles.
- 1 package toothpicks.
- 1 nail or hand brush.
- 1 small pair of scissors.

In addition to the above supplies, the first-aid cabinet should contain a First Aid Manual (see Red Cross textbook or any standard manual). Every woman, especially one having the care of small children, should learn the use of the clinical thermometer and bed-pan, to give an enema, to massage or to bathe and dress a patient in bed, to bandage and to give first aid in emergencies.

SICK ROOM.

If it is possible to provide it, every home should contain one sunny bedroom with plain or washable walls and furniture, without carpets or draperies, that can be used as an isolation sick room in case of illness or emergency.

BURNS OR SCALDS.

For other than small and light burns, send for a physician. The child may die from shock.

Emergency treatment.—Remove clothing by cutting where necessary. Avoid dirty ointments or oils because of the danger of infection. Apply to burn as quickly as possible several layers of soft cloth wet with solution of baking soda. Keep air away from burn. As soon as pain is allayed apply zinc oxide ointment and bandage.

In giving the following list of home remedies and first-aid treatments it must be distinctly understood that the measures are to be undertaken only in an emergency pending the arrival of the doctor.

Whenever baby is ill, be sure to call promptly on the doctor for advice. Neglect of proper medical care is dangerous and is responsible for the death of many babies.

COLDS.

Rest in bed so long as there is fever. Give less food and more water. Open the bowels freely with oil laxative. Apply few drops vaseline to nose every few hours. For older children, spray nose and throat freely with oil spray or one-fourth teaspoonful each baking soda and common salt in one cup of warm water. For

complicated, persistent, or repeated colds, improve hygiene to build up the child's resistance, and apply to a physician for treatment. Consult a surgeon for adenoids and diseased tonsils.

CONSTIPATION.

The diet or habits are at fault. There may be a deficiency in the amount of fat in the diet, too much or too little sugar, or not enough fruit and green vegetables. A deficiency in the amount of water given is sometimes responsible. Do not give laxatives habitually; they make constipation worse. Send the child to stool at a regular time each morning. Use enema of one-half to one ounce olive oil. Milk of magnesia or cascara sagrada may be used in emergency.

CONVULSIONS.

Without stopping to undress, place child in a tub bath, temperature 98° F. (blood heat) for 10 minutes. Always test water with your own bare elbow. Keep cold cloth around head and neck. If convulsions are caused by eating improper food, give prompt enema and laxative and warm water emetic. Keep the child in bed until he recovers from shock. Call a physician.

COUGH.

Avoid cough sirups, which are dangerous for children. Plain honey or stewed fig juice is soothing. Apply vaseline in the nose at night, and cold press or mild mustard to throat and chest. Ask the doctor to find the cause and follow his directions.

CROUP.

A child subject to repeated attacks of croup should be examined by a nose and throat specialist and any treatment necessary to improve the health undertaken. If breathing is difficult, give warm salt or soda water emetic to induce vomiting. Apply heat to the chest for 10 minutes, followed by cold compress. If severe, throw a light basket over child's head and spout of kettle of boiling water, allowing child to inhale steam. Add to the boiling water two tablespoonfuls of compound tincture of benzoin or a teaspoonful of vinegar.

Croup which develops suddenly in a child previously well is not likely to be a serious matter. On the other hand, croup which

develops slowly in a child previously ailing, may be due to the formation of a diphtheritic membrane in the windpipe. No time should be lost in calling a doctor.

CRYING.

The very sick baby does not cry hard. There is a low moaning or wail with sometimes turning the head from side to side. A whimpering, crying baby is hungry, or may be suffering from indigestion. A fretful, crying baby is sleepy or uncomfortable. Lusty crying may be temper. Crying with tears in the eyes and clenching of fists, indicates pain. Irritability and vigorous crying at night may be a symptom of scurvy. When that condition is present handling is usually painful to the child. A mother should learn to recognize the nature of her baby's cry.

Whenever baby is ill, be sure to call promptly on the doctor for advice. Neglect of proper medical care is dangerous and is responsible for the death of many babies.

DIARRHEA.

In babies, diarrhea is due to incorrect feeding or to contaminated food. Stop all food for 12 hours. Begin again to feed with diluted milk, no solid food for several days.

Give baby all he wants of cool boiled water. If you are far away from a doctor or can't get one immediately give the baby a teaspoonful of fresh castor oil. *Do not give him patent medicines or mixtures advised by neighbors.*

DOG OR CAT BITES.

Send for a doctor. Do not kill the animal but confine and observe it for symptoms of rabies. Apply warm water to make it bleed more freely. If dog is undoubtedly mad, the wound must be cauterized with strong nitric acid or hot iron. Apply at once to the health authorities for directions for treatment.

DROWNING.

Do not stop for anything, but at once suspend the child head downward, and pull tongue forward to allow water to run out of mouth. Lay the patient face down, the tongue out, and do artificial respiration for several hours. (See any standard text on first aid.) Put warm blankets about the child and rub arms and legs toward heart. Get a doctor as soon as possible.

EARACHE.

Symptoms of earache in infants: Crying, turning the head from side to side, trying to put the hand on aching side. Earache very frequently accompanies or follows a severe cold or an attack of tonsillitis, and is then caused by an extension of the inflammation to the middle ear. This may result in deafness or mastoid abscess. Apply dry heat, hot water bottle, or dry salt heated and placed in a sack or old sock. Drop into the ear, a few drops of 5 per cent phenol in glycerine. Never neglect earache. Have the child examined by a doctor, and, if necessary, by an ear specialist.

EYES.

Sore or inflamed.—Sore eyes are reportable by law. Call your doctor. While waiting for him to come bathe the eyes hourly with a saturated solution of boric acid.

ECZEMA.

Cleanse affected parts with olive oil, avoiding water, soap, or other irritating substance. In eczema, the diet is usually at fault. *Keep the bowels open freely.* Apply remedies and change the diet according to physician's directions.

FAINTING.

Place child with head lower than the rest of the body. Get fresh air. Dash cold water on face. Rub extremities toward heart. If fainting is frequent, consult a physician.

FEVER.

Fever is not a disease but a symptom. Undress and put the child to bed. Reduce diet and give plenty of drinking water. Open the bowels. Apply cool cloths to head and neck or give cool or tepid sponge baths. In high temperature, 103 degrees or over, or continued or frequent temperature, send for the doctor.

Whenever baby is ill, be sure to call promptly on the doctor for advice. Neglect of proper medical care is dangerous and is responsible for the death of many babies.

FOREIGN BODY IN EAR.

Do not attempt to remove by poking. Lay the head with the affected ear down and wait for the doctor. If a live insect has crawled into the ear put in a few drops of sweet oil in the ear.

FOREIGN BODY IN THE EYE.

Tears may wash it out. Do not rub the eye. If visible, remove with corner of clean handkerchief. Wash eye with boric acid solution, and consult physician or eye specialist.

FOREIGN BODY IN NOSE.

Do not attempt to remove by poking. Let the child blow the nose while holding the opposite nostril shut. If this fails call the doctor.

FOREIGN BODY IN THROAT.

Do not get excited. Put your fingers in throat and remove the article. If you can not reach it, hold child up by the ankles, head downward, and slap on the back. Then try reaching the obstruction again, if necessary. If the article has been swallowed give the child a quantity of soft bread. Do not give laxative. Watch the stools for a few days. In most cases a foreign body will be passed without trouble.

HEADACHE.

Find out and treat cause. Headache may be due to constipation, indigestion, eye strain, excitement, fatigue, or overeating. Apply cold cloths to forehead and back of neck. Inhale camphor, menthol, ammonia, or smelling salts. Avoid headache remedies. They are exceedingly dangerous for children.

HOLDING THE BREATH.

Occurs after great excitement, crying, or exposure to cold air. Dash cold water in face. If frequent, consult physician.

NIGHT TERRORS.

Probably caused by indigestion and constipation. Give the child a careful diet, light evening meal, healthy outdoor life, avoiding excitement. If continued or frequent, consult physician. Examine for enlarged tonsils, adenoids, decayed teeth, genital adhesions, and tuberculosis.

POISONS SWALLOWED.

Better prevented than cured. Never put any poison where a child may possibly get into it. Learn the antidote for the com-

moner forms of poisoning, or keep a table of poisons and remedies. Always send for a doctor promptly, advising him the poison taken so he may come prepared.

INSECT STINGS.

Remove the sting and apply spirits of camphor, ammonia, or wet baking soda.

SNAKE BITES.

The wound must be made to bleed freely and poison sucked out. If a poisonous snake, tie a cord above wound to stop progress of the blood, and keep poison out of general circulation. Send for a doctor.

SUNBURN.

Prevent as much as possible by shade and by protecting the skin with cold cream before taking the child into the sun or wind. Avoid use of water on a sunburn. Apply sweet cream, almond lotion, or cold cream.

SORE THROAT.

Indicated in an infant by difficulty and pain on swallowing. Safest to call a physician. An older child may gargle the throat or have it sprayed with a mild antiseptic solution, such as one-fourth teaspoonful of baking soda and table salt to one cup of warm water. Sterilize drinking cup and tableware used by child with sore throat to prevent spreading of infection.

SUN PROSTRATION.

Characterized by prostration, flushed face (sometimes pale and clammy) and vomiting. Requires only rest in cool room and tepid sponging.

TOOTHACHE.

Pack decayed tooth with a bit of absorbent cotton with oil of cloves or 5 per cent phenol in glycerine.

ACTIVE VOMITING.

May be due to acute indigestion, infectious diarrheal disease, or general infectious disease, scarlet fever, or other acute eruptive disease. Stop giving food and water.

HABITUAL VOMITING.

Habitual vomiting may be caused by too rapid feeding, feeding in a reclining position or not holding the baby and bottle properly; laying the baby down too soon; rough handling of the baby too soon after feeding; wrong kind of food, particularly too much fat, sugar or curd in raw milk; too large a total quantity at a feeding; too short intervals between feedings. Regulate faults of feeding. If vomiting is persistent consult a physician.

26. BABY'S HEALTH HISTORY.

There are many times when it is of the greatest importance to know something definite about the life history of a child and the following record is therefore suggested to all mothers:

PERSONAL HISTORY.

Date..... Record made by.....
 Weight at birth..... pounds. Strong.....Feeble.....Premature.....
 Number child of mother, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.....
 Kind of food at present.....
 Number feedings in 24 hours..... Amount each feeding.....
 Hours of feeding. Day..... Night.....
 If table-fed give chief articles of diet.....
 Drink tea?..... Coffee?.....
 Breast-fed from.....to..... Weaned at what age?.....
 Bottle-fed from.....to..... What bottle food?.....
 Eats well?.....Eats good breakfast?.....Bowels regular?.....
 Child sleeps alone?..... If not, with whom?.....
 Rises.....hour. Goes to bed.....hour. Sleeps well.....
 Sleeps in open air. Day..... Night.....
 Sleeps with windows open.....

ILLNESS.

Check each illness or condition separately and give age at attack.

Contagious.

Measles..... Whooping cough.....
 Scarlet fever..... Diphtheria..... Chickenpox.....
 Other.....

Respiratory.

Croup..... Colds..... Tonsillitis.....
 Influenza or grippe..... Bronchitis..... Pneumonia.....
 Other.....

Digestive.

Constipation..... Colic.....
 Indigestion..... Diarrhea.....
 Other.....

Other Ailments.

Convulsions..... Earache.....
 Fevers..... Enuresis (bed wetting).....
 Vaccinations..... Other inoculations.....
 Remarks.....



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